

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10-593 058

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		4		1		
8	①			1		
9	①	①		1		
10	①			1		
11	①	①		1		
12	①			1		
13	①	①		1		
14	①			1		
15	①	①		1		
16	①	①	1			
17	①	①		1		
18	①			1		
19	①	①		1		
20	①			1		
21	①	①		1		
22	①			1		
23	①	①		1		
24	①			1		
25	①	①		1		
26	①			1		
27	①	①		1		
28	①			1		
29	1					
30	1					
31	1					
32	1	1		1		
33	1			1		
34	1	1		1		
35	1			1		
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49						
50						
TOTAL IND.	8	↓	3	↓		↓
TOTAL DEP.	36	←	31	←		←
TOTAL CLAIMS	44		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						